Department of Community Services

Application for Seasonal Employment

The Town of Andover is an equal opportunity employer. We are committed to a policy of non-discrimination in our programs, activities, and employment practices. Applicants are considered for all positions without regard to race, color, religion, sex, sexual orientation, national origin, age, marital or veteran status, disability(ies) or any other legally protected status.

PERSONAL INFORMATION

Name				
Last		First	Middle	
Address				
Number and Street	t	City	State	Zip Code
E-mail		· 		
Home		College		
Home Telephone ()		Social Security Number		
Are you available to work: Full-time, only?		Part-time, only? _	Either Full or	Part Time?
Specify date available to begin work:		If hired, specify date you will have to end work:		
If employed and you are under 18, ca	an you furnish an	educational certific	ate? YES NO _	
Are you authorized to work in the U. Proof of citizenship or immigration s			ent.	
Have you ever been employed by the	e Town of Andov	ver? YES NO	0	
If yes, please give position and date	s:			
Which of the following areas of emp θ Playground Position θ Tennis Instructor θ Sports Assistant		Swim Instructor n Stand	se check the appropria θ Bradford Ski Monit θ Volunteer θ Other	tor
EMPLOYMENT EXPERIENCE				
Start with your present or last job. Y	ou may include a	any verified work ex	perience including vol	lunteer activities.
Employer	Dates Employed			
Address	Job Title			
Work Performed				
Hourly Rate/Salary: Starting		Final		
Supervisor	Reason for Leaving			

Employer	Dates Employed				
Address	_ Job Title				
Work Performed					
Hourly Rate/Salary: Starting Final _					
Supervisor Reason for Leaving					
If you need additional space, please use an additional sheet of	of paper.				
EDUCATIONAL BACKGROUND					
School Name and Address	Years Completed	d Diploma/Degree			
Please state grade most recently completed					
REFERENCES					
All applications must be accompanied by two references; a tea Andover community. Please list the names of those references		other adult members of the			
Name	Check One:	Employer			
Address		Teacher			
Telephone		Resident			
Name	Check One:	Employer			
Address		Teacher			
Telephone		Resident			
CERTIFICATION AND RELEASE					
I certify that answers given herein are true and complete to the statements contained in this application for employment as m. In the event of employment, I understand that false or interview(s) may result in discharge. I understand, also that I Town of Andover and the Andover Public Schools.	nay be necessary in misleading infor	n arriving at an employment decision. mation given in my application or			
Signature		Date			
"It is unlawful in Massachusetts to require or administer continued employment. An employer who violates this law sh					
Human Resources Use Only					
EMPLOYMENT ACTION: On-File/Hold	Hired as	s of:			